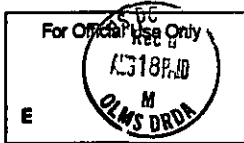


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215-0168  
Expires 11-30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9944</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>gabriel</u> <u>Casas</u> P.O. Box Bldg Room No. if any Street <u>4857 Butternut Hollow Lane</u> City <u>Bonita</u> State <u>California</u> ZIP Code + 4 <u>91902</u>	4 Name, file number and address of labor organization Name <u>Sheet Metal Workers Int Local 206</u> Labor Organization File Number <u>026-049</u> P.O. Box, Building and Room Number if any Street <u>4594 Mission Gorge Place</u> City <u>San Diego</u> State <u>California</u> ZIP Code + 4 <u>92120</u>
5 Position in labor organization <u>Vice President</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P.O. Box Bldg Room No. if any Street City State ZIP Code + 4	7.a Nature of Interest Transaction or Income          7.b Amount

Signature

16 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct and complete. (See the section on penalties in the instructions)		
Signed <u>[Signature]</u>	On <u>8/12/2005</u> Date	<u>619-267-1500</u> Telephone Number

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

**8** Name and address of Business (including trade name if any)

Name Sheet Metal JATC of San Diego

Trade Name if any

P O Box Bldg Room No if any

Street 4596 Mission Gorge Pl

City San Diego

State California ZIP Code + 4 92120

**9** Business deals with☐ a Labor Organization☒ b Trust☐ c Employer**10** If 9 b or 9 c is checked give trust or employer's name

Name Sheet Metal JATC of San Diego

Trade Name if any

P O Box Bldg Room No if any

Street 4596 Mission Gorge Pl

City San Diego

State California ZIP Code + 4 92120

**11 a** Nature of such dealing

Basic Instructors Training

**11 b** Approximate dollar value of such dealing

\$1 129

**12 a** Nature of interest held or income received

wage replacement

**12 b** Amount

\$1 129

**C** Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value**13 a** Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

**14 a** Nature of payment.**13 b** Is the Business an Employer ☐ or Consultant ☐ ?**14 b** Amount of payment.

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name International Training Institute

Trade Name if any ITI

P O Box Bldg Room No if any

Street 601 N Fairfax St Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

## 10 If 9 b or 9 c is checked give trust or employer's name

Name International Training Institute

Trade Name if any ITI

P O Box Bldg. Room No if any

Street 601 N Fairfax St Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 11 a Nature of such dealing

Basic Instructors Training

11 b Approximate dollar value of such dealing

\$1 379

## 12 a Nature of interest held or income received

All income was direct reimbursement of expenses

12.b Amount

\$0